

[illegible]

the action of toxic substances* on healthy tissues, develops resisting substances, or anti-bodies. This resisting substance, if there is sufficient, is the cure for the corresponding disease from which it is derived. The writer is developing a novel vaccine and a novel method of administering it in curing sepsis. It consists of giving the patient autogenous live pathological micro-organisms or unadulterated pus from his own wound by the mouth.

Autogenous vaccination by the mouth tends to be curative in all stages of sepsis. It is especially prompt and curative in the earliest and the later stages when the infected area is well walled off.

The writer has divided some of the methods of producing resistance to disease in the tissues in the following order:

First: **AUTO-INOCULATION**, or the escape into healthy tissues of the toxic product of the micro-organisms. Auto-inoculation, may be assisted by hyperemia as heat, in formentation; massage, as friction; Bier's hyperemic treatment; stimulating lotions locally applied; medication that acts upon the parts involved, not homœopathically indicated.

SECOND: DIRECT INOCULATION, or placing the autogenous toxic substance developed during the course of the disease into the healthy tissues, that anti-bodies may be built up. This is the method the writer is developing.

Third: **INDIRECT INOCULATION**, or the method now in vogue of growing the micro-organisms in culture media outside of the body, then sterilizing, and injecting them hypodermically, according to the method of Wright and Douglas.

Fourth: **SIMILAR ARTIFICIAL OR IMITATION INOCULATION**. By developing in the system artificial anti-bodies with the Indicated Homœopathic Remedy that are sufficiently near the specific anti-bodies to approximately cure the condition.

Fifth: **EXTRA-INOCULATION**. Anti-bodies built up outside of the human body. The various anti-toxins and antisera come under this heading. The writer does not mention the therapeutic agents that come under the fifth heading to recommend their use. He is merely mentioning them that the classification may be more complete. The serums and anti-toxins, of which there are only two that deserve particular mention, are quicker acting than the vaccines, for the resistance to the disease is already built up in the animal, but they are not so lasting as the resistance that is built up

*Toxic substance is used in the broad sense, meaning either the extra cellular or intracellular substance. Possibly, poison would have been a better term, as it includes toxic material other than those of bacterial origin.

by the vaccines Repeated injections of these should not be given without a thorough knowledge of anaphlaxis, on account of the danger of killing the patient.

AUTO-INOCULATION

"As soon as the invaders land, there is a call for more blood ; more plasma acts, destroying them both by chemical process (oxidation, hydration and dehydration) and by the action of the specific anti-bodies. The leucocytes rush out to ingest the foe. If this is insufficient, anti-bodies are formed in response to the toxins carried through the body in the blood stream, and the resistance of the plasma is thereby increased."

Nature was the earliest vaccine therapist.

"In assisting nature by induced hyperemia, we have several natural processes to study and imitate. First, irrigation of the infected area by plasma and leucocytes, and this of itself may be enough to cure a mild infection. Second, auto-inoculation, or washing of the bacterial products into the blood stream to stimulate in the tissues the formation of anti-bodies specific to the invading micro-organisms."

We are all vaccine therapists, as humiliating as it may be for us to realize it. It is this natural vaccine therapy that was exploited with success by the time honored custom of applying hot fomentations, etc., to the inflamed area. By this means not only was irrigation assisted, but such irrigation, itself of value, necessarily helped to an increase of that auto-inoculation on which the improved resistance of the body depends. Such an effect is obvious as far as the hyperemia is concerned. In the application of hyperemia the influence of the physician has been solely in the direction of irresponsible irrigation, but nature's armamentarium contains in addition the weapon, auto-inoculation, a weapon to be brought into use where irrigation alone has failed. The physician has neglected this weapon; he has been an irrigator, pure and simple. To be sure, auto-inoculation has necessarily occurred as the result of his irrigation, but has he directed it? Has he applied his fomentations at such intervals that time may be allowed between for the formation of anti-bodies? Has he calculated at what intervals he should auto-inoculate his cases to maintain most successfully their toxic immunity? As a matter of fact, he has done none of these things.*

*For a full discussion of the value of hyperemia in infections, see Dr. Willy Meyer's book on Hyperemic Treatment. Also Dr. Clive Revere, in the Proceedings of the Royal Society of England.

DIRECT INOCULATION

This is the method the writer is developing in curing sepsis, and consists in giving the patient pus direct from his own wound, undiluted, by the mouth. From one to five drops of pus from the patient's wound are caught in a teaspoon and covered with a little granulated sugar for mental effect, and given to the patient as a dose. Three doses are given one hour apart, and the medication is then stopped. The dose is made up of a drop or two of the thick, creamy pus, together with the same amount of the thin serous secretion, if there is any, and the same amount of a light curetment from the side of the wound. After three doses are given, the patient is closely watched for aggravations and ameliorations. At the end of from one to three days there may be—and usually is—an increase of pus; but after that time it will become first thin, then markedly less and then stop. This is the amelioration following the aggravation. No more should be given. At times, in severe or chronic cases, the pus will start again at the end of six or seven days up to two weeks. When this occurs, repeat the process, but do not give more as long as the discharge is thin. If the best results are to be obtained, the patient should be carefully watched. Pus given in this manner tends to be curative in all stages of sepsis, that is when the infection is due to the staphylococcus, streptococcus and colon bacillus, or any combination of these.

After two and one-half years' experience in administering vaccines in this manner, the writer finds that it is especially efficacious in the later stages of the infection, that is, after the area of infection is thoroughly walled off, and in the earlier stages. If the secretions from the wound are given soon after it is made, it will stop or abort an infection in its incipency. When these pyogenic micro-organisms get into the wound, as in compound fractures, the first inoculating or parent bacteria multiply extensively before we can macroscopically determine their presence, or before pus can be seen.

By following the procedure outlined, of putting in a drain to the deeper structures, where possible, and dressing the wound every 12 hours, giving the patient the discharge from the wound by the mouth, we take advantage of the developing micro-organisms in their earliest stages of development, and hence anti-bodies are formed in the tissues that will prevent, or stop further proliferation of the bacteria, or the extension of the disease. We place the serum in such a condition early that the comparatively few micro-organisms will be rendered an easy prey to the phagocytes.

The system at this time will not be weakened or taxed by disease; at this time few of the phagocytes have been destroyed; few generations of bacteria have been proliferated, hence they are not so virulent as they would be later, and those in the wound are more easily overcome by the phagocytes. The nascent endo-toxins (if I may be permitted to coin the expression) of the bacteria developed in the tissues are more potent and curative than the endo-toxins of bacteria grown in the culture media outside of the body tissues, and then sterilized, as is the custom now in vogue.

Medical writers of all ages mention that cures have been made along the line of organotherapy. Dr. Wm. H. Morley, of Detroit, Michigan, says: "Organotherapy was well known to the ancients and enjoyed peculiar respect in the middle ages. It needs only to be recalled that one writer prescribed internally and externally the liver of the mad dog to the person who was bitten, and one advised for scorpion bite the oil in which the scorpion had been killed. That one applied snake bile for cure of snake bite, and many more of the same kind."

Autogenous pus by the mouth, to cure sepsis, is probably the most ancient medication that the world has known, for animals have always licked (and cured) their wounds since "the evening and the morning of the sixth day" of creation,—Genesis, chapter I. These precedents cannot be contradicted. They make it easy for us to believe and understand how cures of sepsis are made by the method the writer is developing. It is distinctly and directly contrary to the present established method of wound treatment. We have held as the *most rigid rule in surgery* that a wound should be kept out of the mouth, for fear of the wound becoming infected. A wound will heal quicker and better when the discharge from it is placed in the mouth. If it is not possible to do this, then it is the physician's duty to assist the patient in getting the discharge from the wound in the mouth if he would cure the patients in the quickest and best manner possible. *The pus producing germs that are in the mouth develop anti-bodies in the tissues; so we cannot infect a wound by the patient's own mouth.*

Lux, the founder of Isopathy, (a system of medicine that consisted in giving the products of disease to cure the disease) might be cited as a precedent in curing sepsis in this manner; but Lux did not recognize pus as pathological; he considered pus as physiological or as necessary for wound healing. Lux called pus Laudable Pus, or Praiseworthy Pus. So he cannot be credited with curing a disease he did not recognize as such; again Lux failed to recognize the all important feature of this system of medication,—that the

products of disease to be most curative must be autogenous. For this reason Isopathy passed into history until the writer took up the autogenous feature, in connection with Isopathy and cured sepsis by this method, and in the light of modern medical research proved its value scientifically with the opsonic index and in the clinic. This is improved Isopathy; this is scientific Isopathy. Lux found, for a time, the key to the situation but lost it eventually because he did not recognize pus as pathological and the great value of the *autogenous* product. Practically the same thing may be said of Swan. Swan followed in Lux's footsteps and made the same mistakes. The writer proved it in the cure of sepsis, and believes by doing so he opened the way for the cure of many other diseases.

Cures made with the Similar Remedy were not new in the days of Hahnemann,—we all know this,—but Hahnemann is accredited as having perfected and developed this system of medication. The question that would naturally arise in a medication so contrary to established precedent is: Does it have any action on the tissues? We would expect it to have if we believe we get action from Psorinum, Medorrhinum, Tuberculinum, etc., and clinical experience (Homœopathy was discovered and developed almost exclusively on clinical experience) proves it is more efficacious and curative in sepsis than any other medication. This medication goes to the limit of similarity, and its curative ability is, therefore, proportionally greater than the cures made with the Similar Remedy or the Indicated Homœopathic Remedy.

The possibility of autoinfection was reviewed, but the known ability of the mouth and alimentary canal to take care of the pyogenic micro-organisms was depended on to prevent infection from this source. But, in view of the fact that this is a feature that may receive adverse criticism, we will dwell on this for a moment. There have been found in the mouth of the healthy individual germs of many pathological micro-organisms. Our old school brethren tell us that this is the principal on which immunity is established; that the system is immune from disease when the micro-organisms of disease are found in the mouth. Our food is germ-laden and we take into the body daily millions of germs through the mouth and nose. We surgeons believe that the slightest touch of our sterile hands to an object that has not been sterilized will render them septic, that it will place on them pyogenic micro-organisms that will cause the wound to be infected. In view of this fact, what must be said of the dangers that beset the chronic finger nail biter who constantly keeps in the mouth the choice collection of germs gathered throughout

in the mouth a choice collection of germs gathered throughout proverbially place everything they get in their hands, from the very gutter of the streets, in their mouths? What must be said of the dangers that beset the lower animals who lick their wounds, (place in the alimentary canal virulent pathological organisms)? There is no danger in this proceeding. The opsonic index is raised when these pyogenic micro-organisms are placed in the mouth. They lick their wound and cure the infection. The only place they have bad infection, as a rule, is on the head where it is impossible for them to lick. This is Nature's method of preventing the spread of infection,—by taking these germs into the mouth; by placing live pathological micro-organisms in the mouth, we place the toxic product of these bacteria in the healthy tissues and thus develop anti-bodies in the serum that are true specifics for the diseased conditions. It may be said, in this connection, that a very great function of the mouth is to develop immunity to septic conditions and other diseases. The tonsils of a healthy individual are always septic to others, but not to the patient himself

The criticism of this method as crude is unjustifiable, for with a skilled appreciation of the nature of the infection and the response of the individual, the dose can usually be fairly accurately gauged and readily confirmed by experiment. It is results we are after, and good results are obtained in sepsis by giving the patient autogenous pus by the mouth. The technique of its administration may be varied, but this is more or less of a minor consideration that can be worked out to suit the individual. It may be mentioned in this connection, the dose of vaccines by the Wright and Douglas method is (to a large extent) experimental.

In preventing and curing sepsis, the writer does not wish to be misunderstood as not advocating asepsis in all surgical operations where possible. Asepsis is ideal and should, of course, be employed when possible.

INDIRECT INOCULATION

Or the method now in vogue of growing micro-organisms in culture media outside of the human body, then sterilizing and injecting them hypodermically. The immortal work of Wright and Douglas with vaccines in the treatment of infectious diseases has been welcomed by the medical profession as being one of the greatest therapeutic advances in the history of medicine. The great thing they discovered is the fact that the products of disease, to be most curative, *must be autogenous*. The direct method of curing sepsis, or the method of curing sepsis that the writer is develop-

ing, by giving living autogenous virus by the mouth, is more curative less dangerous, better, cheaper and more convenient than the method of Wright and Douglas, for the following ten reasons:

First: We are warned by many high authorities of the danger of anaphylaxis in giving repeated inoculations of vaccines hypodermically. Anaphylaxis enters into the hypodermic method of administering vaccines. Beef serum, or the whites of eggs repeatedly injected hypodermically at stated intervals, will kill the patient by anaphylaxis. Yet these two are staple articles of food and there is no anaphylaxis when taken by the mouth. Anaphylaxis does not hold in the writer's method of giving living autogenous virus by the mouth. If there were no other advantages of the direct over the indirect method of administering vaccines eliminating the danger of anaphylaxis is sufficient to warrant its selection.

Second: Vaccines lose in therapeutic value by heat, as in sterilization. This does not hold true by giving pus by the mouth.

Third: Vaccines lose in therapeutic value by being grown in culture media outside of the body tissues. This does not hold true in giving living autogenous virus by the mouth.

Fourth: Vaccines lose in therapeutic value by time. It takes at least 24 hours, and at times 72, after the pus is formed in the wound before the vaccine can be administered. By the direct method of giving living autogenous virus by the mouth it is not necessary to wait from one to three days till pus makes its appearance and then wait for from one to three days while the vaccine is being prepared while the patient is growing worse. But the patient may be given the vaccines from the wound by the mouth as soon after the wound is made as the physician may think necessary. That is, about five days earlier than is recommended by Wright and Douglas method. By the direct method of administering vaccines, the different stages or phases of the disease may be met with a corresponding vaccine. This cannot be done so accurately by the indirect method or the method of administering vaccines that is now in vogue.

Fifth: The therapeutic value of vaccines may be lessened by extraneous matter and foreign bacteria. This danger is a live one and great care must be exerted that it does not occur. Anyone who has attempted to prepare vaccines by the method of Wright and Douglas knows this danger. In growing the single micro-organism in culture media from the wound, we never know whether we have the one which is doing the most damage or not. It may be that two or three are at work at the same time, or that it is a mixed infection.

Sixth: The method of giving vaccines by the Wright and Douglas method is not always within the power of the patient to purchase, especially of poor people and people living outside of the cities. The cheapness of the writer's method places the direct method in the hands of everyone, however poor he may be. The merest waif of the city streets is as rich in curative medicine, when he has an infection, as the most aristocratic millionaire or king. There is no money distinction here.

Seventh: The method of preparing vaccines according to the Wright and Douglas method is not always convenient. By the method that the writer is developing, we find that nature places the specific for the infection in the wound in the very form nature intended it should be taken. Wherever there is an infected wound, there in the wound is the cure, always at hand ready for use. This cannot be said of the Wright and Douglas, or any other method.

Eighth: The Wright and Douglas method requires a skilled pathologist one on whose report absolute dependence can be placed. This is not always easy to find. The direct method requires no pathologist.

Ninth: The Wright and Douglas method requires a well equipped laboratory with culture media, culture tubes, ovens, heat, thermostat, microscope, hypodermic syringe, needle, antiseptics, etc., etc. The direct method of curing sepsis requires nothing but the instruments God has given us,—our fingers. This is Nature's method of curing infections, to which the Wright and Douglas method is an approximation, and the Indicated Homoeopathic Remedy an imitation.

Tenth: In the Wright and Douglas method there is danger of an embolus air bubbles, etc. There is no danger from this source in the writers method.

RESISTANCE DEVELOPED FROM THE TOXIC CAUSE OF THE SYMPTOMS OF DISEASE NOT OF BACTERIAL ORIGIN

There are under this caption certain guide posts, so to speak, which, if we interpret them correctly, might lead us to believe that many diseases may be treated in this manner successfully; that is, administering to the patient as a therapeutic agent toxic substances derived from the disease or developed during the course of the disease. For instance, we find under this heading that infectious diseases are cured by the substance derived from the causative bacteria. This substance is now known to be toxins or endotoxins (poisons), or the bacteria themselves. Now, homœopathic remedies are supposed to cure these diseases in the same way they

cure other diseases that are known to be toxic in character but whose toxic substance we have never been able to demonstrate.*

We homœopathists believe we can cure every disease, or the symptoms of every disease, with the indicated homœopathic remedy. In curing diseases, we certainly have made no distinction between their being toxic or otherwise. We have never seen the necessity for making such a distinction. If there is a distinction, we have never recognized it. Where is the dividing line between the disease we cure, whose symptoms come from toxic substances, developing during the process of the disease, and those whose symptoms do not? We treat the symptoms of all diseases alike with the indicated homœopathic remedy. Since the diseases that are known to be toxic in character (the endo-toxins of the pyogenic infections, for example) are cured in the same way we cure other diseases, the toxic substance of which we believe must be present, but are not able to demonstrate, the thought is bound to occur to us that we could cure those diseases if we could find the toxic substance that gave rise to the symptoms, as rheumatism, some nervous diseases, etc. etc., in the same way the infectious toxic diseases are cured; that is, by finding the toxic substance that caused the symptoms of the disease and, if possible, placing them in healthy tissues. This is, of course, largely theoretical but intensely interesting and may be valuable in curing some forms of insanity, etc.

Let us remember the teachings of our ancient medical writers, for we find medical literature of all ages is spotted with reputed cures according to the Law of Identity.†

Sepsis is manifested by symptoms, and these symptoms are caused by the absorption of the toxic product of bacteria. Since the toxic substance and the remedy in sepsis are identically the same substance, these terms may be used interchangeably. "Things equal to the same thing are equal to each other." Then the *diseased* symptoms of this patient were caused by its remedy. A symptom caused by a drug is a proving of the drug; hence, *disease symptoms are proving of a toxic substance developed during the course of the disease*. Disease symptoms are a 'proving of its curative remedy, and the *cure consists in obtaining the causative toxic substance, if possible, and placing it in healthy tissues away from the*

*The way we demonstrate bacterial toxins is by their action on living tissue, as on an animal. The guinea pig is employed largely for this purpose.

†The writer has cured many of the most pronounced cases of sepsis it is the lot of the surgeon to meet by giving the patient pus from his wound by the mouth. The most remarkable cure he has ever seen in medicine has been in curing septic conditions by this method.

‡See page 435, line 14; page 448, lines 2 and 10; page 450, lines 20-24.

seat of the disease, to be taken up by the lymphatics, that anti-bodies may be developed in the serum.

According to Homœopathic theory or philosophy, a medicine to be curative must first be proved on a healthy individual and then given according to the Law of Similars. How can auto-genous pus be proved on a healthy individual, A healthy individual has no pus. Let us take to concrete example: A comparatively healthy individual receives an injury to the hand and the wound becomes infected. He develops symptoms that are caused by toxins or endo-toxins from the bacteria, and also develops pus. This healthy individual developed symptoms from being inoculated or absorbing the toxic product of the bacteria. Then we might say this healthy individual developed symptoms by absorbing the remedy. This is a proving of a remedy on a healthy individual. Then it follows that this disease proves its own remedy. I speak of the Indicated Remedy here in the same sense we would speak of castor oil as the Indicated Remedy, when a boy swallows a handful of shot and comes to you four hours afterwards. It is the remedy he needed, or the drug that was indicated.

The proving of this remedy differs materially from the proving of remedies as suggested by Hahnemann. Hahnemann, we believe, told us exactly how to prove a remedy and then fit it to similar disease conditions. Nature proves this remedy for us in the tissues and supplies it in abundance to cure the disease.

Curing infection by administering pus by the mouth is not curative according to the Law of Similars, for it is not a similar remedy. In curative properties it goes beyond the similimum, the limit of cure of the similar remedy; it goes to the limit of similarity, which is identity. Identity is not similarity; identity is just beyond similarity. In the Identical Remedy is a *true totality* of all the symptoms of the disease and the remedy. In this remedy we end a *perfect picture* of the disease symptoms in the drug symptoms, neither of which have we in the Homœopathic indicated remedy, although we have always claimed we did have.

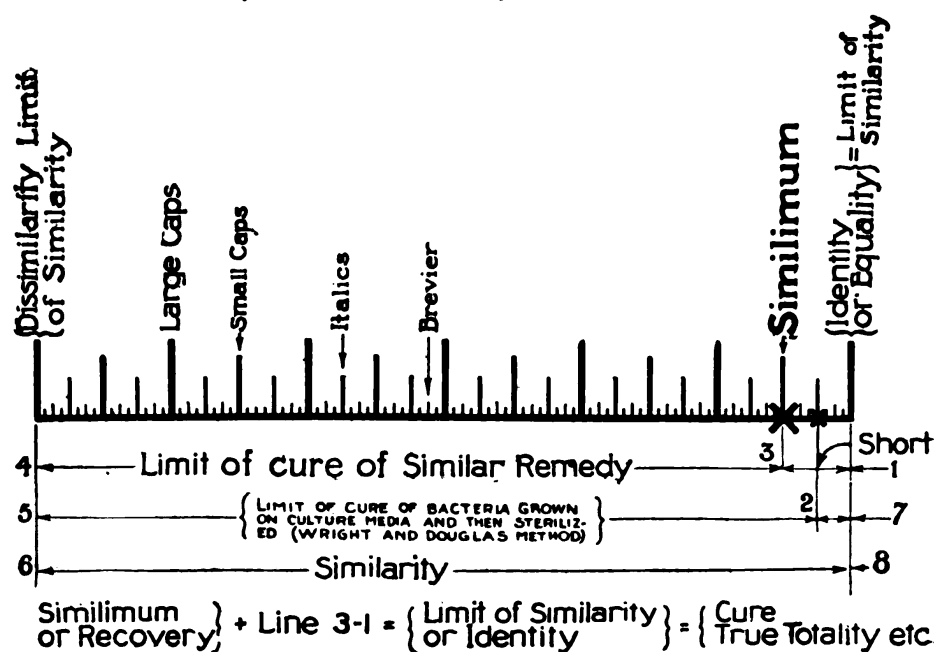
If it is not possible to obtain the toxic product of the bacteria of an infectious disease (as sepsis), or the natural remedy in which there should be a cure, we must then do the next best thing and give a remedy of known action whose symptoms approach or imitate as nearly as possible, the conditions or symptoms the toxic product of the bacteria develop. This is the Indicated Homœopathic Remedy.

It is not the remedy built up in the tissues that resists the disease by the natural forces within the body—and for this reason called

Nature's Remedy—it is a substitute for Nature's Remedy; it is an artificial remedy whose method of administering was discovered by Samuel Hahnemann. The therapeutic action of the Indicated Homœopathic Remedy is very close to that of Nature's Remedy when we can obtain the similimum. It is the best we can do, if we cannot obtain Nature's Remedy. Cures made with the similar remedy are only cures as its symptoms approach the symptoms of the exact remedy.

THE RELATION OF THE SIMILAR REMEDY TO THE IDENTICAL REMEDY

There are different degrees of similarity. For the purpose of bringing this phase of the discussion clearly before us, let us suppose that similarity is represented by a line.



The limit or extremes of similarity are dissimilarity and identity. Dissimilarity on the left and identity on the right. Between these limits lies similarity. Beginning with dissimilarity on the left, we find similarity continually increases to the other limit, equality or identity. Between these extremes, we find the various degrees of similarity. If we are disposed, we can represent these degrees as sub-divided into hours, minutes and seconds, as it were. Characteristic or head-line symptoms, or large cap symptoms, may be represented by degrees or a certain large spacing of the line; small caps by hours; italics by minutes, and brevier type by seconds.

Now, we believe the degree of cure is in direct ratio to the similarity. Some drugs have a particular characteristic symptom so pronounced that when we get it a cure will often result, although a

cure is more certain if we obtain a totality or the entire symptomatology. But this is equality or identity; this is not Homoeopathy. So, then, we would be more certain of a cure if we got the identical symptoms in both drug and disease. As similarity increases in the direction of equality, we believe the probability of cure increases in the same ratio. When, in prescribing, we try to find a greater and greater similarity between the drug symptoms and the disease symptoms, we are striving in the direction of equality, unconsciously, perhaps, but it is in the ultimate analysis the object of our endeavors, for we are trying to find drug symptoms as near as possible to the disease symptoms.

When we prescribe the Homoeopathic Remedy, we are striving for the similimum. The similimum marks the limit of the curative ability of the Homoeopathic Indicated Remedy, or of a substance foreign to the disease conditions. The similimum is the limit of cure of the similar remedy, but the similimum is not the limit of similarity. The similimum is the limit of cure, not of the identical remedy, but of the similar remedy, a substance wholly foreign to the disease conditions. The cure lies in Nature's Remedy, or the substance that caused the symptoms of the disease.

A similimum approximates in curative ability, the cure brought about by the true curative agent (or identity) and differs from it by the same amount as the symptoms of the similar remedy differ from the entire symptomatology of the disease. When there is no difference between the symptoms produced by the drug and the symptoms produced by the disease, we have a remedy in which a cure is more probable. This is the Identical Remedy, or Nature's Remedy. Nature's Remedy gives us the true cure when a cure is possible. The remedy selected according to the Law of Similars gives us an approximate cure or recovery only.

A similimum has always been looked upon as the limit of similarity. It is not. The limit of similarity is identity. A similimum is a limit of cure of the Homoeopathic Remedy and not Nature's Remedy or the identical thing that caused the symptoms. Identity is the limit of similarity.

Is giving pus by the mouth to cure disease Isopathy? It is improved Isopathy, for under this new cloak that is thrown around it, Isopathy, in curing sepsis, "can now stand the strong criticisms of modern medical research. It has been placed on a firm scientific basis."

There is no variation to equality. It is fixed. Similarity is variable. The personal equation of the prescriber must even be taken into consideration in arriving at the similimum.

Homoeopathy stops at similarity; it can never go any further, for the name implies or means similar symptoms or similar disease.

Again, when a toxic or injurious substance is introduced in the healthy tissues, the tissues develop, or tend to develop, a corresponding resistance or its anti-body. This resistance, or anti-body, is the cure or specific for the toxic substance. For the sake of reference, we will call this the true anti-body.

The Indicated Homoeopathic Remedy will develop anti-bodies in the tissues that will be similar to (not equal to or the same as) the true anti-body of the disease. It will develop, or tend to develop, anti-bodies or resisting substances of the Indicated Homœopathic Remedy, and not the true anti-body of the disease. The closer the symptoms of the Indicated Homœopathic Remedy approach the total symptomatology of the endo-toxin in the tissues, the closer the artificial anti-body, or the anti-body of the Indicated Homœopathic Remedy will approach the true anti-body of the disease, or the closer we will approach the true cure. As the Indicated Homœopathic Remedy, a foreign substance, can never be the toxic substance or cause of the symptoms of the disease, neither can the artificial anti-body, or the anti-body of the Indicated Homœopathic Remedy be the true anti-body or true cure for the disease.

The question is asked: Does giving pus by the mouth cure? Is it a perfect cure? This is Nature's remedy. Does Nature's remedy cure? Yes.

The question that should really concern is: Does the similar remedy cure? Does the substitute for Nature's remedy cure as well as Nature's remedy? The answer to the first question is—Yes. To the second—No. The similar remedy approximately cures. It can never do anything else.

In view of the good work modern scientific biological investigations are giving us, let us look well to our Homœopathic philosophy in the new light given us. I believe our older men will look into this wisely and if they find our Homœopathic philosophy hazy or faulty, they will correct it. If they find truth in this paper which conflicts with Homœopathic ideas or dogmas, let them remember that truth cannot be crushed by denying it. It will, sooner or later, rebound to our discredit.

Vaccine Therapy and Homœopathy are very closely related; they border one on the other. The relation is brought more strikingly to the attention by the following diagram. The difference in curative ability between the two is more apparent than real. The difference is measured by the line A-B. It is the difference between the similimum and identity, with a choice in favor of direct inoculation.

would like to have. We endeavor to obtain as many drug symptoms as possible, that are as similar to the disease symptoms as possible. We are striving to obtain the symptoms developed by the identical remedy, but we will never get a true totality of all the symptoms in a substance that is foreign to the disease.

A similar remedy can never be the identical remedy, which alone develops the true anti-substance to the disease.

In giving

The Identical Remedy, time must be allowed for the specific anti-bodies to develop.

The Indicated Homœopathic Remedy, time must be allowed for the artificial anti-bodies to develop.

In giving

The Vaccines, we are giving the autogen, from which the specific anti-body develops directly, without any intermediate step.

The inorganic similar remedy, the autogen must be developed first in the tissues before the artificial anti-body can be developed, as hep-
par, arsenic, silica, etc., etc.

These are the writer's own individual ideas and no one but he is supposed to stand for them. He has endeavored to put them plainly and concisely. He asks no one to agree with him who cannot conscientiously do so.

The writer has not lost faith in Homœopathy; he believes in Homœopathy and believes he always will. It is the greatest system of medication the world has ever seen.

The writer is pleased to announce that Dr. Ewing, Pathologist of the Cornell University Medical College, New York City, is experimenting on a large scale with animals and patients in Bellevue Hospital, by giving autogenous pus through the mouth. The results of these experiments will be at the writer's disposal as soon as they have been completed.

BIBLIOGRAPHY

Clive Reviere, M.D.: In the proceedings of the Royal Society of Medicine. In support of his views, the writer has quoted freely from this author.

Dr. Bryan D. Sheedy's article on "Tonsil Removal, Opsonic Index and Immunity." Medical Record, September 25th, 1909.

B. T. Kickets, M. D., Pathologist University of Chicago. Book on "Bacteriological Therapeutics."

Dr. Brooks, Pathologist, Post Graduate Medical College and Hospital.

The writer is indebted to a number of his confreres and co-workers for able and friendly criticism of this paper, for which he wishes here to express his thanks and appreciation for the time consumed and the interest manifested in the work he is developing.

Especially would he like to mention Dr. G. F. Laidlaw and Dr. Wm. H. Freemann.